



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Application for Child Welfare Child Care Benefits

You have a right to:

- equal treatment regardless of race, color, age, sex, disability, religion, political belief, or national origin;
have information given to OKDHS kept confidential;
have your application processed timely; and
receive assistance from OKDHS completing this application and obtaining the necessary verifications for approval.

OKDHS use only for preventable cases.
Table with 3 columns: Case name, KK number, County of residence

OKDHS/Tribe use only for foster care.
Table with 3 columns: Resource name, Resource number, County of residence

Household members

Please complete all information about the persons needing services and list each person living in the home. If there are more than six persons in the household, attach a sheet of paper providing the requested information.

Form for household members with fields for name, SSN, citizenship, race, and alien registration for two individuals.

3. Last name	First name	Middle name
Social Security number	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Race – check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>		
4. Last name	First name	Middle name
Social Security number	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Race – check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>		
5. Last name	First name	Middle name
Social Security number	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Race – check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>		
6. Last name	First name	Middle name
Social Security number	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Race – check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>		

**List the name of each child for whom child care benefits are requested.**

Child's full name	Custody type	Date of birth	Does the child have special needs?
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Child's full name	Custody type	Date of birth	Does the child have special needs?
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of child care provider I want to use.	For which child(ren)?	
Child care provider address	Area code	Phone number
If needed, name of 2 <sup>nd</sup> child care provider I want to use.	For which child(ren)?	
Child care provider address	Area code	Phone number

I agree to use the child care services **only for the days and hours specified below and only for the reason listed on this form.** Include needed travel time. List work hours for all adults living in the home.

**State the need for child care:**

Refer to Preventive (OAC 340:75-4-12.1; OAC 340:75-6-91) or Foster Care (OAC 340:75-7-65) policy.

Work

Days and hours:

Monday  from \_\_\_\_\_ to \_\_\_\_\_ Friday  from \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday  from \_\_\_\_\_ to \_\_\_\_\_ Saturday  from \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday  from \_\_\_\_\_ to \_\_\_\_\_ Sunday  from \_\_\_\_\_ to \_\_\_\_\_  
 Thursday  from \_\_\_\_\_ to \_\_\_\_\_

Employer name		Phone number	
Employer street address	City	State	Zip

Work

Days and hours:

Monday  from \_\_\_\_\_ to \_\_\_\_\_ Friday  from \_\_\_\_\_ to \_\_\_\_\_  
Tuesday  from \_\_\_\_\_ to \_\_\_\_\_ Saturday  from \_\_\_\_\_ to \_\_\_\_\_  
Wednesday  from \_\_\_\_\_ to \_\_\_\_\_ Sunday  from \_\_\_\_\_ to \_\_\_\_\_  
Thursday  from \_\_\_\_\_ to \_\_\_\_\_

Employer name		Phone number	
Employer street address	City	State	Zip

How long does it take you to get to work after leaving the child(ren) at child care?

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In case of an emergency, who will provide care when planned child care is unavailable?

Emergency child care provider(s)	Area code	Phone number

**Authorized child care representative.** Complete the information below if you want to authorize someone else to apply for child care on your behalf or be issued his or her own electronic benefit transfer (EBT) card to record attendance for the child(ren). **This person cannot work at the child care facility you choose.** You are responsible for any action your authorized representative takes on your behalf.

Name	Relationship to you	Area code	Phone number
Street address	City	State	Zip

**Things you need to know about the Child Care program:**

- The earliest date child care benefits will be paid is the day all required verification is provided to the local OKDHS office. Verification includes the name of the child care provider you wish to use.
- You can request a fair hearing if your child care application is not completed within two working days after the day you provide all required verification.
- Your child care provider must have a valid contract with OKDHS.
- Child care centers must have at least a one star plus status.
- You cannot choose a child care home for which you work.
- You must pay for any days and hours of child care you use that are not included in your child care service plan.

**I understand I must:**

- be responsible for any established overpayment;
- notify OKDHS/Tribe within 24 hours of changes in:
  - household members (adults moving in or out of the home);
  - address or phone number;
  - work schedule; and/or
  - if I am no longer in need of child care services.
- report when I change child care providers;
- swipe my EBT card every day the child attends child care;
- never swipe my EBT card for attendance for any day the child does not attend child care;
- pay for child care OKDHS will not pay, because:
  - I did not swipe my EBT card for the correct days and times the child attended child care;
  - EBT card swipes were denied and I did not get them corrected within ten days;
  - my provider loses the absent days payment for a weekly authorization because I did not swipe correct attendance for every day the child attended that month;
- contact my worker if I do not receive an "approved" message on the point of service (POS) machine; and
- never give my EBT card or personal identification number (PIN) to anyone, including my child care provider.

**I understand:**

- I am certifying under penalty of perjury that every person in my household for whom I am applying for benefits is a U.S. citizen or an alien in lawful immigration status. I understand I must advise OKDHS of the immigration status of any person applying for benefits even if that person is not in lawful immigration status and is applying only for emergency medical services.
- If OKDHS approves my household for benefits and it is later determined that I made a false claim of U.S. citizenship or lawful immigration status for anyone in my household, a complaint will be filed by OKDHS with the U.S. Attorney, and I may be subject to criminal prosecution.

**Signature**

I declare that all of the information I gave to OKDHS to complete this application is true and correct and I agree to all the rights and responsibilities listed on this form.

**Unsworn declaration under penalty of perjury**

I, \_\_\_\_\_, state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Subscribed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, Oklahoma.  
(City)

\_\_\_\_\_  
Signature of applicant - Name as shown on Social Security card  or \_\_\_\_\_ Date  
person applying for applicant

**Complete when an applicant cannot read or write, is blind, or signs by mark.**

I have heard all information contained in this application read to the applicant and have witnessed the signature/mark above.

Witness:

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Signature Date

I do hereby attest that I have, to the best of my ability, ascertained the accuracy and established the validity of the eligibility information covered in this application.

Application date: \_\_\_\_\_

If ineligible, reason: \_\_\_\_\_

\_\_\_\_\_  
CW/ICW worker's signature Date County/tribe

<b>For Tribal custody children only</b>	
OKDHS tribal liaison	Authorization date

**Routing:** The original is filed in the case for preventive child care or resource record for foster care child care. Upon request, a copy is given to the client.